

SDI Online Tutorial: Claimant Registration



State of California

Employment Development Department

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To create an State Disability Insurance (SDI) Online account:

- Visit www.edd.ca.gov.
- Select **Disability**.
- Under Important Links, select **SDI Online**.

Contact SDI	SDI Registration Instructions
Online	Important: You are required to have a valid e-mail address to register in SDI Online.
By Location	Welcome to State of California Employment Development Department's (EDD) State Disability Insurance (SDI) Online Registration process.
By Phone	The Disability Insurance (DI) Branch of EDD provides four registration choices. Select the registration option for the type of account that you need to access the system.
Telephone Numbers	CLAIMANTS
Automated Info	Select this option to file a DI or Paid Family Leave (PFL) claim, access your personal claim information, and view payment history. You will need to provide your Social Security Number and California Driver License or State ID Number to complete the registration. The registration system is available Monday through Friday, between 7 a.m. and 7 p.m.
System	Continue to Claimant Registration
	PHYSICIAN/PRACTITIONERS
	Select this option if you are a Physician or Practitioner who certifies DI or PFL claims for your patients. The SDI Online allows authorized Physicians and Practitioners and their designated representatives to view their patient's initial claim for benefits, submit DI and PFL claim certifications, and view their claim certification history. You will need to provide your medical license information as filed with the California Department of Consumer Affairs in order to complete registration. Physicians and Practitioners will need to first register for an account before they can designate representatives for their account.
	Continue to Physician/Practitioner Registration
	If a Physician or Practitioner has designated you as a representative in the system, you will need to provide registration information as entered by the Physician or Practitioner.
	Continue to Physician/Practitioner Representative Registration
	EMPLOYERS
	Select this option if you represent an Employer. The SDI Online allows Employers to access and submit electronic Notice of Claim forms. You will need to provide your Employer Account Number, the ZIP code of the Employer's address on file with EDD Tax Branch, and information from your most recent Wage Report to complete registration.
	Continue to Employer Registration

You will be directed to the **SDI Registration Instructions** page.




Select the **Continue to Claimant Registration** link.

Security Check

*Indicates Required Field

Security Check

sinned *VPagreen*

 Try Another
 Vision Impaired
 Help

This Security Check allows us to:

Ensure Restricted Access to Registration
Automated programs known as "Bots" cannot read distorted text as well as humans. The Security Check helps prevent automated programs from blocking other users from registering for accounts with the EDD.

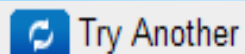
Provide an Audio Option for Visually Impaired Customers
An audio option allows visually impaired customers to hear a set of **eight** (8) digits that can be entered instead of the word challenge.

*Please type both words separated by a space below:

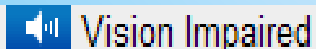
You do not have permission to access this Web site if you are using an automated program.

Next

On the **Security Check** page type the text displayed then select **Next**.



Select **Try Another** to change the text shown.



Select **Vision Impaired** to listen to the words.

Claimant: Terms and Conditions

Terms and Conditions

Please read through the entire Terms and Conditions before proceeding. The information you provide may be used to verify your identity with federal and/or state agencies. If "I Do Not Agree" is selected, you will not be able to establish an online account.

These Terms and Conditions, which include the Conditions of Use and Privacy Statements, govern the use of and access to: (i) this website (www.edd.ca.gov/); and (ii) the information on or provided through this website.

If you establish an online account you are responsible for maintaining the confidentiality of your username and password, and you are responsible for all activities which you authorize under your username and password. You agree to: (i) immediately notify the Employment Development Department (EDD) of any unauthorized use of your username and password or any other breach of security; and (ii) log out from your account at the end of each session.

By registering for an online account, you agree to check your account regularly and frequently for messages from the EDD. Please note that e-mails will only be used to send notifications to log in to your account or when you request to reset your username or password. No confidential claim information will be sent via e-mail.

The information submitted by any party will be used by the Employment Development Department to carry out its responsibilities under the California Unemployment Insurance Code, which may include the sharing of the information with other entities as required by law.

These Terms and Conditions may change from time to time and it is your responsibility to check for updates. The last revision date for these Terms and Conditions is February 1, 2012.

I have read and understand all the above information and wish to continue with establishing an account in the State Disability Insurance (SDI) Online

including but not limited to the completeness, accuracy or timeliness. Your access to and use of this Web site and the Content are at your sole risk.

General:

These Terms and Conditions, which include the Privacy Statement, constitute the entire agreement with respect to your access to and use of this Web site and the Content. If any provision of these Terms and Conditions is unlawful, void or unenforceable, then that provision will be deemed severable from the remaining provisions and will not affect their validity and enforceability.

By registering for an online account, you agree to check your account regularly and frequently for messages from the EDD.

For further assistance, please contact the EDD. The EDD staff is available from 8:00 a.m. to 5:00 p.m. (PST), Monday through Friday, except on [state holidays](#).

I Agree

I Disagree

Read the Terms and Conditions and select **I Agree**.

Selecting **I Disagree** prevents an account from being established.

Claimant: Account Verification Information

*Indicates Required Field

If you already have an account with SDI, [log in here](#).

Personal Information

Please enter your full legal name to register.

*First Name:

Middle Name:

(if you have no middle name, leave blank)

*Last Name:

Suffix:

(if you have no suffix, leave blank)

*E-mail Address:

*Re-Type E-mail Address:

*Gender:

*Date of Birth: (MMDDYYYY)

*Social Security Number: (Do not enter dashes)

*Re-Type Social Security Number:

*CA Driver License or CA State ID Number:

*Re-Type CA Driver License or CA State ID Number:

Next

Cancel

On the **Claimant: Account Verification Information** screen complete the fields, then select **Next**.

Mandatory fields are marked with a red asterisk.

Account Information

Enter a Username and Password. Do not share your password with anyone.

*Username:
(must be 6 to 15 characters, no special characters)

*Password: (case sensitive)
(must be 8 to 12 characters long, including an uppercase letter, a lowercase letter, a number, and one of the following: ! @ # \$ % ^ & * ())

*Re-Type Password: (case sensitive)

*Password Hint: My passion

Choose your security questions and enter your answer to each question. This will be part of your Account Recovery Options.

*Question 1: What was the name of your first boss?

*Answer to Question 1: Senor Peralta

*Question 2: Who was your most memorable childhood crush?

*Answer to Question 2: Graham








*Question 3: What was your favorite game to play as a child?

*Answer to Question 3: horses

*Question 4: In what city do you want to retire?

*Answer to Question 4: Bath

Choose your Personal Image and enter a Personal Image Caption for it. The image along with your image caption helps you know that you are at a valid EDD site and that it is safe to enter information. [Refresh to get new set of personal images](#)

☐  ☐  ☒  ☐  ☐  ☐  ☐ 

*Personal Image Caption: The Great Pumpkin

Next **Cancel**

Create a Username and Password. Select the security questions and provide an answer for each.

Select a Personal Image and create a caption for the image. Then select **Next**.

Tip: Selecting **Refresh** erases the Password entered at the top of the page.

Contact SDI

Online

By Location

By Phone

Telephone Numbers

Automated Info System

Claimant: Personal Profile Information

***Indicates Required Field**

Residence Address

Do not include PO BOX, PMB, General Delivery or Rural Route Number.

☒ US ☐ International

*Address Line 1:

Address Line 2:

*City:

*State:

*ZIP Code:

Mailing Address

All written correspondence from EDD regarding this account will be sent to this address.

Check here to copy your ☒
Residence Address to your
Mailing Address:

☒ US ☐ International

*Address Line 1:

Address Line 2:

*City:

*State:

*ZIP Code:

Phone Numbers

Choose the phone number that you would like to select as your primary phone number.

*Primary Phone Number: ☒ Home Phone Number ☐ Cell Phone Number

Home Phone Number: ☐ Check here if the phone number is international

*Re-Type CA Driver License
or CA State ID Number:

Next

Cancel

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On the **Claimant Personal Profile Information** screen, enter the required information.

Then select **Next**.

Address Validation

The address you have provided has been updated to meet USPS standards. Please verify the address is correct.

Entered Address

123 Main St.

Citrus Heights CA 95610

Updated Address

123 Main St.

Citrus Heights CA 95610 - 0653

Would you like to proceed with the standardized address? Select 'Yes' to proceed or 'No' to return to correct the address.

Yes

No

The SDI Online system may standardize the address you entered. Confirm the Updated Address is correct by selecting **Yes**.

Select **No** to go back to the previous screen and re-enter your address.

Account Setup Confirmation

Successful Account Creation Notification

Your account has been created and a notification has been sent to you via e-mail and paper mail. If you do not see the e-mail in your inbox, please check your junk/spam folder. To avoid this in the future, please add noreply@edd.ca.gov to your address book.

[Login](#)

When the account is successfully created this confirmation screen will appear. A letter gets sent to the customer's address confirming this account has been created.

Select the **Login** link to access your newly created account.

Visit www.edd.ca.gov for more information about State Disability Insurance.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-800-480-3287 (voice), or TTY 1-800-563-2441.